

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/531693
FILING DATE 6-3-83

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/	2					53						
4	/	2					54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9	/	2					59						
10	/	1					60						
11	/						61						
12	/						62						
13	/						63						
14	/						64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		↓		↓								
TOTAL DEP.	10		←		←								
TOTAL CLAIMS	14												